

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **April 1-15, 2007**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 4/2/2007	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction			

5. APPLICANT INFORMATION

Legal Name: Westside Tule Enterprise Community		Organizational Unit: Department: Five Points	
Organizational DUNS: 611723573		Division: Westside Housing & Economic Network (WHEN)	
Address: Street: 9900 Cody Street, Room 405		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Coalinga	<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED APR 02 2007 STATE CLEARING HOUSE </div>	Prefix: Ms.	First Name: Becky
County: Fresno		Middle Name E.	
State: California		Last Name Barabé	
Country: United States	Zip Code 93210	Suffix: N/A	
		Email: bbarabe@westsidetule.org	

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

20-2095537

8. TYPE OF APPLICATION:

☒ New☐ Continuation☐ RevisionIf Revision, enter appropriate letter(s) in box(es)
(See back of form for description of letters.)

Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)

☐ O. Not for Profit Organization

Other (specify)

9. NAME OF FEDERAL AGENCY:

United States Department of Agriculture

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

10-769

TITLE (Name of Program):

Rural Business Enterprise Grants (RBEG)

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

Unincorporated area of Five Points, California, Fresno County

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Five Points Business Beautification Project

13. PROPOSED PROJECT

Start Date:

7/1/2007

Ending Date:

6/30/2008

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

Jim Costa

b. Project

Jim Costa

15. ESTIMATED FUNDING:

a. Federal	\$	99,000.00
b. Applicant	\$	35,000.00
c. State	\$.00
d. Local	\$.00
e. Other	\$	14,500.00
f. Program Income	\$.00
g. TOTAL	\$	148,500.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE: 4/2/2007

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation.☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix

Ms.

First Name

Becky

Middle Name

E.

Last Name

Barabé

Suffix

N/A

b. Title
Executive Director

c. Telephone Number (give area code)

(559) 824-3730

d. Signature of Authorized Representative

Becky Barabé

e. Date Signed

4/2/2007

Previous Edition Usable
Authorized for Local ReproductionStandard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 4/2/2007	Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: Westside Tule Enterprise Community		Organizational Unit: Department: Huron		
Organizational DUNS: 611723573		Division: Huron Enterprise Community (HEC)		
Address: Street: 9900 Cody Street, Room 405		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Becky		
City: Coalinga		Middle Name: E.		
County: Fresno		Last Name: Barabé		
State: California	Zip Code: 93210	Suffix: N/A		
Country: United States		Email: bbarabe@westsidetule.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 20-2095537		Phone Number (give area code): (559) 824-3730		
		Fax Number (give area code): (559) 325-5730		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) O. Not for Profit Organization Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-769		9. NAME OF FEDERAL AGENCY: United States Department of Agriculture		
TITLE (Name of Program): Rural Business Enterprise Grants (RBEG)		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Arts & Media Job Training Project		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Huron, California, Fresno County		14. CONGRESSIONAL DISTRICTS OF: a. Applicant Jim Costa b. Project Jim Costa		
13. PROPOSED PROJECT Start Date: 7/1/2007 Ending Date: 6/30/2008		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 4/2/2007 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
15. ESTIMATED FUNDING: a. Federal \$ 99,000 b. Applicant \$ 2,500 c. State \$ d. Local \$ e. Other \$ 47,000 f. Program Income \$ g. TOTAL \$ 148,500		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative Prefix: Ms. First Name: Becky Middle Name: E. Last Name: Barabé Suffix: N/A b. Title: Executive Director c. Telephone Number (give area code): (559) 824-3730 d. Signature of Authorized Representative: <i>Becky Barabé</i> e. Date Signed: 4/2/2007				

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Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

University of San Francisco

RECEIVED

APR 03 2007

STATE CLEARING HOUSE

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: University of San Francisco

* b. Employer/Taxpayer Identification Number (EIN/TIN):

94-1156628

* c. Organizational DUNS:

078770294

d. Address:

* Street1: 2130 Fulton Street

Street2:

* City: San Francisco

County: San Francisco

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 94117-1080

e. Organizational Unit:

Department Name:

Health Promotion & Services

Division Name:

University Life

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: * First Name: Sarah

Middle Name:

* Last Name: Mart

Suffix:

Title: Director of Health Promotion & Services

Organizational Affiliation:

* Telephone Number: 415.422.6702

Fax Number:

* Email: smart@usfca.edu

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

O: Private Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

*** 10. Name of Federal Agency:**

U.S. Department of Education

11. Catalog of Federal Domestic Assistance Number:

84.184

CFDA Title:

Safe and Drug-Free Schools and Communities_National Programs

*** 12. Funding Opportunity Number:**

ED-GRANTS-122206-002

*** Title:**

Prevention of High-Risk Drinking or Violent Behavior Among College Students CFDA 84.184H

13. Competition Identification Number:

84-184H2007-1

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

San Francisco, San Francisco County, CA

*** 15. Descriptive Title of Applicant's Project:**

Whole Students, Whole Campus: Community Empowerment to Reduce High-Risk Drinking at the University of San Francisco

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant 8

* b. Program/Project n/a

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment Delete Attachment View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2007

* b. End Date: 07/01/2009

18. Estimated Funding (\$):

* a. Federal	299,963.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	299,963.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☐ a. This application was made available to the State under the Executive Order 12372 Process for review on .
- ☒ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No Explanation

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Dr. * First Name: Pamela
Middle Name: F.
* Last Name: Miller
Suffix: Ph.D

* Title: Director, Office of Sponsored Projects

* Telephone Number: 415-422-5368 Fax Number: 415-422-6222

* Email: silva@usfca.edu

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.

Authorized for Local Reproduction

Pamela F. Miller
3/28/07

Pamela F. Miller
3/28/07

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 1-22-2007	Applicant Identifier	
<input type="checkbox"/> Construction	<input checked="" type="checkbox"/> Construction	3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY 1-22-07	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: CAMERON PARK AIRPORT DISTRICT (CALL)		Organizational Unit: Department: ROAD COMMITTEE		
Organizational DUNS:		Division: CAMERON AIRPARK		
Address: Street: 3474 MIRA LOMA DRIVE		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: CAMERON PARK		Prefix:	First Name: CLAY	
County: EL DORADO		Middle Name: WILLIAM		
State: CA		Last Name: ALEXANDER		
Zip Code: 97682		Suffix:		
Country: USA		Email: CPAD2@SBCGLOBAL.NET		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0177965 04-009		Phone Number (give area code) 530-676-7374 OR 530-676-8316		Fax Number (give area code) 530-676-8317
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) SPECIAL ASSESSMENT DISTRICT Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 10-766		9. NAME OF FEDERAL AGENCY: US DEPARTMENT OF AGRICULTURE		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): EL DORADO COUNTY		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 2 INCH ASPHALT OVERLAY AND INSTALL APPROX 9,000 LF OF MULTI-FLOW DRAINAGE FOR 856,670 SQ FT OF AIRPARK STREETS		
13. PROPOSED PROJECT Start Date: 6-1-2007 Ending Date: 6-30-2007		14. CONGRESSIONAL DISTRICTS OF: a. Applicant SENATE DIST 1, ASSEMBLY 4 b. Project SAME		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 1,460,000.00	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:		
b. Applicant	\$.00	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$.00			
g. TOTAL	\$ 1,460,000.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix	First Name ROBERT	Middle Name		
Last Name BYRNE	Suffix		c. Telephone Number (give area code) 530-676-0295	
b. Title DIRECTOR, CAMERON PARK AIRPORT DISTRICT		e. Date Signed 1-22-07		
d. Signature of Authorized Representative <i>Robert Byrne</i>				

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 03/29/2007		Applicant Identifier KHWD	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier AIP 3-06-0103-14	
5. APPLICANT INFORMATION					
Legal Name: City of Hayward - Hayward Executive Airport			Organizational Unit: Department: Public Works		
Organizational DUNS: 156241002			Division: Airport		
Address: Street: 20301 Skywest Drive			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Hayward			Prefix: Mr.		
County: Alameda			First Name: Ross		
State: California			Middle Name Victor		
Zip Code 94541			Last Name Dubarry		
Country: US			Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000346			Email: ross.dubarry@hayward-ca.gov		
			Phone Number (give area code) (510) 293-5461		
			Fax Number (give area code) (510) 783-4556		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>			7. TYPE OF APPLICANT: (See back of form for Application Types) C Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 20-106			9. NAME OF FEDERAL AGENCY: Federal Aviation Administration		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Hayward, Alameda County, California			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Helicopter Parking Apron		
13. PROPOSED PROJECT Start Date: 06/18/2007 Ending Date: 08/14/2007			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 10th b. Project 10th		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	1,250,000	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 02/20/2007		
b. Applicant	\$	462,500	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$				
g. TOTAL	\$	1,712,500			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Mr.		First Name Jesús		Middle Name	
Last Name Armas				Suffix	
b. Title City Manager				c. Telephone Number (give area code) (510) 583-4300	
d. Signature of Authorized Representative				e. Date Signed 4-3-2007	

Application for Federal Assistance SF-424

Version 02

*** 1. Type of Submission:**

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

*** 2. Type of Application:**

- ☒ New
☐ Continuation
☐ Revision

*** If Revision, select appropriate letter(s):***** Other (Specify)***** 3. Date Received:****4. Applicant Identifier:****5a. Federal Entity Identifier:***** 5b. Federal Award Identifier:****RECEIVED**

APR - 4 2007

STATE CLEARING HOUSE

State Use Only:**6. Date Received by State:****7. State Application Identifier:****8. APPLICANT INFORMATION:***** a. Legal Name:** *** b. Employer/Taxpayer Identification Number (EIN/TIN):***** c. Organizational DUNS:****d. Address:***** Street1:****Street2:***** City:****County:***** State:****Province:***** Country:***** Zip / Postal Code:** **e. Organizational Unit:****Department Name:****Division Name:****f. Name and contact information of person to be contacted on matters involving this application:****Prefix:***** First Name:****Middle Name:***** Last Name:****Suffix:****Title:** **Organizational Affiliation:***** Telephone Number:** **Fax Number:** *** Email:**

Application for Federal Assistance SF-424

Version 02

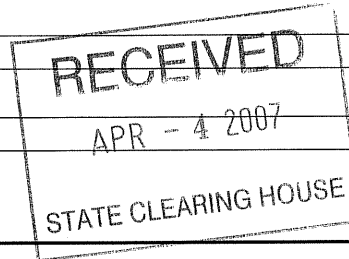
9. Type of Applicant 1: Select Applicant Type:

N

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (specify):



*** 10. Name of Federal Agency:**

NTIA / OTIA / PTFP

11. Catalog of Federal Domestic Assistance Number:

11.550

CFDA Title:

Public Telecommunications Facilities Program

*** 12. Funding Opportunity Number:**

TBA

*** Title:**

Public Telecommunications Facilities Program

13. Competition Identification Number:

Title

14. Areas Affected by Project (Cities, Counties, States, etc):

Greater Metro Los Angeles, including LA, Orange, and portions of Ventura, Riverside, San Diego & San Bernadino Counties.

*** 15. Descriptive Title of Applicant's Project:**

Construction Project

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="601,995"/>
* b. Applicant	<input type="text" value="602,000"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="1,203,995"/>

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:  * Date Signed:

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY	Applicant Identifier State Application Identifier Federal Identifier																												
5. APPLICANT INFORMATION Legal Name: Livingston Community Health Services, Inc. Organizational DUNS: 071859821-0000 Address: 1140 Main Street Street: Livingston City: Merced County: CA State: CA Zip Code: 95334 Country: United States of America		Organizational Unit: Department: Division: Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: MS. First Name: Catalina Middle Name: Aurora Last Name: Garcia Suffix: Email: agarcia@livingstonmedical.org Phone Number (give area code) (209) 394-7913 Fax Number (give area code) (209) 394-3660																													
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 74-1719656		7. TYPE OF APPLICANT: (See back of form for Application Types) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)																													
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		9. NAME OF FEDERAL AGENCY: USDA																													
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766 TITLE (Name of Program):		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:																													
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Livingston, Merced, Stanislaus, CA		14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA 18 b. Project CA 18																													
13. PROPOSED PROJECT Start Date: Ending Date:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																													
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%; text-align: right;">5,700,000</td> <td style="width:10%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">6,336,052</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">2,347,800</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">14,383,852</td> <td style="text-align: right;">.00</td> </tr> </table>		a. Federal	\$	5,700,000	.00	b. Applicant	\$	6,336,052	.00	c. State	\$.00	d. Local	\$.00	e. Other	\$	2,347,800	.00	f. Program Income	\$.00	g. TOTAL	\$	14,383,852	.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal	\$	5,700,000	.00																												
b. Applicant	\$	6,336,052	.00																												
c. State	\$.00																												
d. Local	\$.00																												
e. Other	\$	2,347,800	.00																												
f. Program Income	\$.00																												
g. TOTAL	\$	14,383,852	.00																												
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																															
a. Authorized Representative Prefix MS. First Name Catalina Middle Name Aurora Last Name Garcia Suffix b. Title Chief Executive Officer c. Telephone Number (give area code) (209) 394-7913 ext.110 d. Signature of Authorized Representative <i>Catalina Aurora Garcia</i> e. Date Signed																															

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

2. DATE SUBMITTED

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

1. TYPE OF SUBMISSION

- ☐
- Pre-application
- ☒
- Application
-
- ☐
- Changed/Corrected Application

4. Federal Identifier

RECEIVED

* Organizational DUNS:

046705849

APR 5 2007

5. APPLICANT INFORMATION

* Legal Name: The Regents of the University of California

Department: Office of Research Admin.

Division:

* Street1: 300 University Tower

Street2:

* City: Irvine

County: Orange

* State: CA: Californi

Province:

* Country: UNITED ST

* ZIP / Postal Code: 92697-7600

STATE CLEARING HOUSE

Person to be contacted on matters involving this application

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

Ms. Gillan

Fischer

* Phone Number: 949-824-2644

Fax Number: 949-824-2094

Email: gffischer@uci.edu

6. EMPLOYER IDENTIFICATION (EIN) or (TIN):

95-2226408

7. TYPE OF APPLICANT:

H: Public/State Controlled Institution of Higher Education

Other (Specify):

Small Business Organization Type

☒ Women Owned☒ Socially and Economically Disadvantaged8. TYPE OF APPLICATION: ☐ New☒ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

If Revision, mark appropriate box(es).

☒ A. Increase Award ☒ B. Decrease Award ☒ C. Increase Duration☒ D. Decrease Duration ☐ E. Other (specify)* Is this application being submitted to other agencies? Yes ☐ No ☒

What other Agencies?

9. NAME OF FEDERAL AGENCY:

Chicago Service Center

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.049

TITLE: Office of Science Financial Assistance Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Microwave Spectroscopy of Luttinger Liquids

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

Irvine, California

13. PROPOSED PROJECT:

* Start Date

* Ending Date

07/01/2007

06/30/2010

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant

CA-048

b. * Project

CA-048

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

Prof. Peter

John

Burke

PhD

Position/Title: Associate Professor

* Organization Name: The Regents of the University of California

Department: Office of Research Admin.

Division:

* Street1: 300 University Tower

Street2:

* City: Irvine

County: Orange

* State: CA: Californi

Province:

* Country: UNITED ST

* ZIP / Postal Code: 92697-7600

* Phone Number: 949-824-9326

Fax Number: 949-824-3732

* Email: pburke@uci.edu

OMB Number: 4040-0001

Expiration Date: 04/30/2008

Page 2

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

16. ESTIMATED PROJECT FUNDING		17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. * Total Estimated Project Funding	432,341.00	a. YES <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	
b. * Total Federal & Non-Federal Funds	432,341.00	DATE: 04/05/2007	
c. * Estimated Program Income	0.00	b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)			
<input checked="" type="checkbox"/> * I agree			
* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.			
19. Authorized Representative			
Prefix:	* First Name:	Middle Name:	* Last Name: Suffix:
Ms.	Gillan		Fischer
* Position/Title:	Contract & Grant Officer	* Organization:	The Regents of the University of California
Department:	Office of Research Admin.	Division:	
* Street1:	300 University Tower	Street2:	
* City:	Irvine	County:	Orange
		* State:	CA; Californi
Province:		* Country:	UNITED ST
		* ZIP / Postal Code:	92697-7600
* Phone Number:	949-824-2644	Fax Number:	949-824-2094
		* Email:	gfischer@uci.edu
* Signature of Authorized Representative		* Date Signed	
Completed on submission to Grants.gov		Completed on submission to Grants.gov	
20. Pre-application		Add Attachment Delete Attachment View Attachment	
21. Attach an additional list of Project Congressional Districts if needed.		Add Attachment Delete Attachment View Attachment	

OMB Number: 4040-0001

Expiration Date: 04/30/2008

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission:		
<input type="checkbox"/> Preapplication		
<input checked="" type="checkbox"/> Application		
<input type="checkbox"/> Changed/Corrected Application		
* 2. Type of Application:		
<input checked="" type="checkbox"/> New		
<input type="checkbox"/> Continuation		
<input type="checkbox"/> Revision		
* If Revision, select appropriate letter(s):		
<input type="text"/>		
* Other (Specify)		
<input type="text"/>		
* 3. Date Received:		
<input type="text"/>		
4. Applicant Identifier:		
<input type="text"/>		
5a. Federal Entity Identifier:		
<input type="text" value="bell"/>		
* 5b. Federal Award Identifier:		
<input type="text"/>		
State Use Only:		
6. Date Received by State:		
<input type="text"/>		
7. State Application Identifier:		
<input type="text"/>		
B. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text" value="KCET/Community Television of Southern California"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN):		
<input type="text" value="95-2211661"/>		
* c. Organizational DUNS:		
<input type="text" value="-- 00-678-1348"/>		
d. Address:		
* Street1: <input type="text" value="4401 Sunset Blvd W"/>		
Street2: <input type="text"/>		
* City: <input type="text" value="Los Angeles"/>		
County: <input type="text" value="Los Angeles"/>		
* State: <input type="text" value="CA"/>		
Province: <input type="text"/>		
* Country: <input type="text" value="USA: United States"/>		
* Zip / Postal Code: <input type="text" value="90027"/>		
e. Organizational Unit:		
Department Name:		
<input type="text" value="Engineering and Operations"/>		
Division Name:		
<input type="text"/>		
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text" value="Ms."/> * First Name: <input type="text" value="Susan"/>		
Middle Name: <input type="text" value="Erburu"/>		
* Last Name: <input type="text" value="Reardon"/>		
Suffix: <input type="text"/>		
Title: <input type="text" value="Executive Vice President"/>		
Organizational Affiliation:		
<input type="text" value="KCET/Community Television of Southern California"/>		
* Telephone Number: <input type="text" value="(323) 953-5282"/> Fax Number: <input type="text" value="(323) 664-3638"/>		
* Email: <input type="text" value="sreardon@kcet.org"/>		

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

M

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (specify):

* 10. Name of Federal Agency:

NTIA / OTIA / PTFP

11. Catalog of Federal Domestic Assistance Number:

11.550

CEDA Title:

Public Telecommunications Facilities Program

* 12. Funding Opportunity Number:

TBA

* Title:

Public Telecommunications Facilities Program

13. Competition Identification Number:

Title

14. Areas Affected by Project (Cities, Counties, States, etc):

Los Angeles, Orange, Kern, San Luis Obispo, Santa Barbara, Ventura, San Bernardino, Riverside, San Diego, Imperial, and Inyo Counties (all counties located in California)

* 15. Descriptive Title of Applicant's Project:

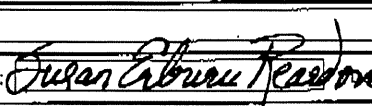
Construction Project

Attach supporting documents as specified in agency instructions.

Congressional Districts in KCET Broadcast Area:

District 22
District 23
District 24
District 25
District 26
District 27
District 28
District 29
District 30
District 31
District 32
District 33
District 34
District 35
District 36
District 37
District 38
District 39
District 40
District 41
District 42
District 43
District 44
District 45
District 46
District 47
District 48
District 49
District 51

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant	<input type="text" value="31"/>	* b. Program/Project <input type="text" value="see attached"/>
Attach an additional list of Program/Project Congressional Districts if needed.		
17. Proposed Project:		
* a. Start Date:	<input type="text" value="10/01/2007"/>	* b. End Date: <input type="text" value="03/31/2009"/>
18. Estimated Funding (\$):		
* a. Federal	<input type="text" value="490,000"/>	
* b. Applicant	<input type="text" value="490,000"/>	
* c. State	<input type="text"/>	
* d. Local	<input type="text"/>	
* e. Other	<input type="text"/>	
* f. Program Income	<input type="text"/>	
* g. TOTAL	<input type="text" value="980,000"/>	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text" value="04/05/2007"/>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internal site where you may obtain this list, is contained in the announcement or agency specific instructions.		
Authorized Representative:		
Prefix:	<input type="text" value="Ms."/>	* First Name: <input type="text" value="Susan"/>
Middle Name:	<input type="text" value="Erburu"/>	
* Last Name:	<input type="text" value="Reardon"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="Executive Vice President"/>	
* Telephone Number:	<input type="text" value="(323) 953-5282"/>	Fax Number: <input type="text" value="(323) 864-3636"/>
* Email:	<input type="text" value="sreardon@kcet.org"/>	
* Signature of Authorized Representative:	 Signed: <input type="text" value="04/04/07"/>	

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424		Version 02	
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify) <input type="text"/>
* 3. Date Received: <input type="text"/>		4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text" value="gbell"/>		* 5b. Federal Award Identifier: <input type="text"/>	
State Use Only:			
6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>	
B. APPLICANT INFORMATION:			
* a. Legal Name: <input type="text" value="KCET/Community Television of Southern California"/>			
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="95-2211661"/>		* c. Organizational DUNS: <input type="text" value="00-67B-1348"/>	
d. Address:			
* Street1: <input type="text" value="4401 Sunset Blvd W"/>		<div>RECEIVED APR 05 2007 STATE CLEARING HOUSE</div>	
Street2: <input type="text"/>			
* City: <input type="text" value="Los Angeles"/>			
County: <input type="text" value="Los Angeles"/>			
* State: <input type="text" value="CA"/>			
Province: <input type="text"/>			
* Country: <input type="text" value="USA: United States"/>			
* Zip / Postal Code: <input type="text" value="90027-"/>			
e. Organizational Unit:			
Department Name: <input type="text" value="Engineering and Operations; Production"/>		Division Name: <input type="text"/>	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix: <input type="text" value="Ms."/>		* First Name: <input type="text" value="Susan"/>	
Middle Name: <input type="text" value="Erburu"/>			
* Last Name: <input type="text" value="Reardon"/>			
Suffix: <input type="text"/>			
Title: <input type="text" value="Executive Vice President"/>			
Organizational Affiliation: <input type="text" value="KCET/Community Television of Southern California"/>			
* Telephone Number: <input type="text" value="(323) 953-5282"/>		Fax Number: <input type="text" value="(323) 664-3638"/>	
* Email: <input type="text" value="sreardon@kcet.org"/>			

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

M

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (specify):

* 10. Name of Federal Agency:

NTIA / OTIA / PTEP

11. Catalog of Federal Domestic Assistance Number:

11.550

CFDA Title:

Public Telecommunications Facilities Program

* 12. Funding Opportunity Number:

TBA

* Title:

Public Telecommunications Facilities Program

13. Competition Identification Number:

Title

14. Areas Affected by Project (Cities, Counties, States, etc):

All states in United States (cameras and equipment requested will be used for producing programs seen on PBS stations nationwide).

* 15. Descriptive Title of Applicant's Project:

Construction Project

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant	<input type="text" value="31"/>	* b. Program/Project <input type="text" value="all in all states"/>
Attach an additional list of Program/Project Congressional Districts if needed.		
17. Proposed Project:		
* a. Start Date:	<input type="text" value="10/01/2007"/>	* b. End Date: <input type="text" value="03/31/2008"/>
18. Estimated Funding (\$):		
* a. Federal	<input type="text" value="727,500"/>	
* b. Applicant	<input type="text" value="727,500"/>	
* c. State	<input type="text"/>	
* d. Local	<input type="text"/>	
* e. Other	<input type="text"/>	
* f. Program Income	<input type="text"/>	
* g. TOTAL	<input type="text" value="1,455,000"/>	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text" value="04/05/2007"/>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that thy false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 216, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
Authorized Representative:		
Prefix:	<input type="text" value="Ms."/>	* First Name: <input type="text" value="Susan"/>
Middle Name:	<input type="text" value="Erburu"/>	
* Last Name:	<input type="text" value="Reardon"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="Executive Vice President"/>	
* Telephone Number:	<input type="text" value="(323) 953-5282"/>	Fax Number: <input type="text" value="(323) 664-3639"/>
* Email:	<input type="text" value="sreardon@kcet.org"/>	
* Signature of Authorized Representative:	<i>Susan Erburu Reardon</i> Signed: <input type="text" value="4/04/07"/>	

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

terryg

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Pataphysical Broadcasting Foundation, Inc.

* b. Employer/Taxpayer Identification Number (EIN/TIN):

94-1748316

* c. Organizational DUNS:

06-913-0607

d. Address:

* Street1:

203 8th Ave.

Street2:

* City:

Santa Cruz

County:

Santa Cruz

* State:

CA

Province:

* Country:

USA: United States

* Zip / Postal Code:

95062-4610

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

* First Name:

Terry

Middle Name:

W.

* Last Name:

Green

Suffix:

Title: General Manager

Organizational Affiliation:

* Telephone Number: (831) 476-2800

Fax Number: (831) 476-2802

* Email: terryg@kusp.org

RECEIVED

APR - 6 2007

STATE CLEARING HOUSE

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

M

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (specify):

* 10. Name of Federal Agency:

NTIA / OTIA / PTFP

11. Catalog of Federal Domestic Assistance Number:

11.550

CFDA Title:

Public Telecommunications Facilities Program

* 12. Funding Opportunity Number:

TBA

* Title:

Public Telecommunications Facilities Program

13. Competition Identification Number:

Title

14. Areas Affected by Project (Cities, Counties, States, etc):

Santa Cruz, Monterey, San Benito, southern Santa Clara, northern San Luis Obispo Counties, California

* 15. Descriptive Title of Applicant's Project:

Construction Project

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant 17

* b. Program/Project CA-11, 14, 15, 17, 22, 23

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date: 10/01/2007

* b. End Date: 09/30/2008

18. Estimated Funding (\$):

* a. Federal	8,730
* b. Applicant	8,730
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	17,460

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 04/04/2007
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that thy false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Middle Name: W. * First Name: Terry

* Last Name: Green

Suffix:

* Title: General Manager

* Telephone Number: (831) 476-2800 Fax Number: (831) 476-2802

* Email: terryg@kusp.org

* Signature of Authorized Representative:  * Date Signed: April 3, 2007

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: WASET, INC.

* b. Employer/Taxpayer Identification Number (EIN/TIN):

95-4354411

* c. Organizational DUNS:

071412006

d. Address:

* Street1: 3460 S. BROADWAY

Street2:

* City: LOS ANGELES

County: LOS ANGELES

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code: 90007

RECEIVED

APR 10 2007

STATE CLEARING HOUSE

e. Organizational Unit:

Department Name:

DEPT. OF HOUSING & URBAN DEVEL

Division Name:

ELDERLY HOUSING

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Ms.

* First Name: NOEL

Middle Name:

* Last Name: SWEITZER

Suffix:

Title: PRESIDENT

Organizational Affiliation:

HOUSING DEVELOPMENT SERVICES, INC.

* Telephone Number: 323 231-1107

Fax Number: 323 232-0094

* Email: HDSIMGMT@AOL.COM

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.157

CFDA Title:

Supportive Housing for the Elderly

*** 12. Funding Opportunity Number:**

FR-5100-N-07

* Title:

Section 202 Supportive Housing for the E

13. Competition Identification Number:

S202-07

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Riverside County, Hemet, Perris, San Jancinto,Banning, Beaumont & possibly Yucaipa

*** 15. Descriptive Title of Applicant's Project:**

OASIS SENIOR VILLA, a 65 unit affordalbe housing project to be located in Hemet, California

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant CA31

* b. Program/Project CA45

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date: 09/30/2008

* b. End Date: 09/30/2008

18. Estimated Funding (\$):

* a. Federal	9,499,257.00
* b. Applicant	10,000.00
* c. State	3,500,000.00
* d. Local	400,000.00
* e. Other	
* f. Program Income	
* g. TOTAL	13,409,257.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 04/04/2007 .
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name: PATRICIA

Middle Name:

* Last Name: SWEARINGER

Suffix:

* Title: SECRETARY, WASET, INC.

* Telephone Number: 323 231-1107

Fax Number: 323 232-0094

* Email: HDSIMGMT@AOL.COM

* Signature of Authorized Representative: Completed by Grants.gov upon submission.

* Date Signed: Completed by Grants.gov upon submission.

Application for Federal Assistance SF-424

Version 02

*** 1. Type of Submission:**

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

*** 2. Type of Application:**

- ☒ New
☐ Continuation
☐ Revision

*** If Revision, select appropriate letter(s):**

*** Other (Specify)**

*** 3. Date Received:**

4. Applicant Identifier:

5a. Federal Entity Identifier:

scpr

*** 5b. Federal Award Identifier:**

RECEIVED

APR 10 2007

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

04/05/2007

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:**

Southern California Public Radio (SCPR)

*** b. Employer/Taxpayer Identification Number (EIN/TIN):**

95-4765734

*** c. Organizational DUNS:**

12-732-5657

d. Address:

*** Street1:**

261 South Figueroa Street

Street2:

Suite 200

*** City:**

Los Angeles

County:

Los Angeles

*** State:**

CA

Province:

*** Country:**

USA: United States

*** Zip / Postal Code:**

90012-2503

e. Organizational Unit:

Department Name:

KUOR-FM

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Mr.

*** First Name:**

Felix

Middle Name:

Victor

*** Last Name:**

Racelis

Suffix:

Title:

Foundation Relations Manager

Organizational Affiliation:

SCPR

*** Telephone Number:**

(213) 621-3431

Fax Number:

(213) 621-3508

*** Email:**

fracelis@scpr.org

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

M

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (specify):

*** 10. Name of Federal Agency:**

NTIA / OTIA / PTFP

11. Catalog of Federal Domestic Assistance Number:

11.550

CFDA Title:

Public Telecommunications Facilities Program

*** 12. Funding Opportunity Number:**

TBA

* Title:

Public Telecommunications Facilities Program

13. Competition Identification Number:

Title

14. Areas Affected by Project (Cities, Counties, States, etc):

The project affects Riverside and San Bernardino Counties (CA). KUOR-FM will reach 13,656 households with a population of 39,786 in Riverside Co., and 180,583 households with a population of 457,892 in San Bernardino Co. for a total population of 497,678

*** 15. Descriptive Title of Applicant's Project:**

Construction Project

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant 34

* b. Program/Project CA 25, 34, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date: 10/01/2007

* b. End Date: 09/30/2008

18. Estimated Funding (\$):

* a. Federal	125,718
* b. Applicant	125,718
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	251,436

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☐ a. This application was made available to the State under the Executive Order 12372 Process for review on
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☒ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Mr. * First Name: Thomas

Middle Name: William

* Last Name: Davis

Suffix:

* Title: President and CEO

* Telephone Number: (213) 621-3590 Fax Number: (213) 621-3508

* Email: bdavis@scpr.org

* Signature of Authorized Representative: Thomas W. Davis * Date Signed: 04.05.07

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED March 27, 2007	Applicant Identifier	
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: City of Watsonville		Organizational Unit: Department: Airports		
Organizational DUNS: 030414994		Division:		
Address: Street: 100 Aviation Way		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Watsonville		Prefix: Mr.	First Name: Donald	
County: Santa Cruz		Middle Name E.		
State: California		Last Name French		
Zip Code 95076	Suffix:			
Country: USA		Email: dfrench@ci.watsonville.ca.us		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000451		Phone Number (give area code) (831) 728-6075		Fax Number (give area code) (831) 763-4058
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) Revise Scope of Work		7. TYPE OF APPLICANT: (See back of form for Application Types) C. Municipal Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106 TITLE (Name of Program): Airport Improvement Program		9. NAME OF FEDERAL AGENCY: Federal Aviation Administration		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Watsonville, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Watsonville Municipal Airport, Watsonville, Santa Cruz County, California Environmental Assessment		
13. PROPOSED PROJECT Start Date: 2007 Ending Date: 2007		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 17 b. Project 17		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 297,920.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: March 31, 2007		
b. Applicant	\$ 8,232.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$ 7,448.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$.00	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
g. TOTAL	\$ 313,600.00	a. Authorized Representative		
Prefix Mr.		First Name Donald		Middle Name E.
Last Name French		Suffix		
b. Title Airport Manager		c. Telephone Number (give area code) (831) 728-6075		
d. Signature of Authorized Representative		e. Date Signed 04-02-07		

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

4. Applicant Identifier:

KCSMFM0307

5a. Federal Entity Identifier:

barbara48

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

San Mateo County Community College District (SMCCCD)

* b. Employer/Taxpayer Identification Number (EIN/TIN):

94-3084147

* c. Organizational DUNS:

04-132-0797

d. Address:

* Street1:

1700 W. Hillsdale Boulevard

Street2:

Building 9

* City:

San Mateo

County:

San Mateo

* State:

CA

Province:

* Country:

USA: United States

* Zip / Postal Code:

94402-3784

e. Organizational Unit:

Department Name:

KCSM TV and FM

Division Name:

FM Radio

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Ms.

* First Name:

Michele

Middle Name:

I.

* Last Name:

Muller

Suffix:

Title: Director of Technology

Organizational Affiliation:

KCSM TV & Radio

* Telephone Number: (650) 524-6908

Fax Number: (650) 524-6978

* Email: michele@kcsm.net

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

D

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (specify):

*** 10. Name of Federal Agency:**

NTIA / OTIA / PTFP

11. Catalog of Federal Domestic Assistance Number:

11.550

CFDA Title:

Public Telecommunications Facilities Program

*** 12. Funding Opportunity Number:**

TBA

*** Title:**

Public Telecommunications Facilities Program

13. Competition Identification Number:

Title

14. Areas Affected by Project (Cities, Counties, States, etc):

Northern California, including San Mateo, Santa Clara, San Francisco, Marin, Contra Costa, Solano and Alameda counties

*** 15. Descriptive Title of Applicant's Project:**

Construction Project

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant 12

* b. Program/Project 6,7,8,9,10,12 13,14

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date: 10/01/2007

* b. End Date: 09/30/2008

18. Estimated Funding (\$):

* a. Federal	28,300
* b. Applicant	28,300
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	56,600

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 04/10/2007
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that thy false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Mr. * First Name: James

Middle Name: W.

* Last Name: Keller

Suffix:

* Title: Executive Vice Chancellor

* Telephone Number: (650) 358-6790

Fax Number: () -

* Email: jkeller@smccd.net

* Signature of Authorized Representative:

Date Signed: 4/4/07

Authorized for Local Reproduction

Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230

OMB Approval
0660-0003

PROJECT INFORMATION

22. Applicant Name San Mateo County Community College District (SMCCCD)

23a. Enter "Y" if Reactivation N 23b. Old File # _____ 24. Main Station Call Letters KCSM FM 91.1 Radio MHz TV Channel

25. ☒ Yes ☐ No Have you previously received a PTFP grant? If Yes, enter a grant number here 95-176.

26. Enter letter(s) to classify project

(P)lanning or (C)onstruction C (R)adio or (T)V or (RT) for both R (B)roadcast or (N)onbroadcast or (BN) for both B

27. Enter the Priority of Category under which you request the application be reviewed. BOC

28. For NEW BROADCAST station, repeater, or translator applications, enter the number of persons that the project will benefit. 29. Engineering Contact

Name Michele Muller
Title Director of Technology
Phone (650) 524-6908
Email address michele@kcsfm.net

Population currently without a signal that will receive its first signal from the proposed facility	<u>0</u>
Population currently receiving a signal from another public station that will also receive a signal from the proposed facility	<u>6,700,000</u>

30. Summary of the application (Summarize the purposes of the application in a few sentences.):

KCSM Radio requests funding assistance to complete radio digital conversion to establish vital, dedicated, HD Radio multicasting capabilities.

31. Enter Y if New FCC Authorizations and/or New Sites are required for the project _____. (If yes, complete the following table).

Proposed Community of license	Channel #	FCC File #	Site Name	Owned	Leased

32. ☐ Yes ☒ No Have you applied to, intend to apply to, or received funds from another Federal program or CPB for this project or a related project? If Yes, please provide information regarding the other funds as an attachment to this page.

33. Is the station CPB qualified? (Enter Y or N) ☒ Y
(CPB qualification is NOT a requirement to receive a PTFP grant.)

If applicant is NOT currently CPB qualified, enter "Y" if qualification is expected. ☐

Date of expected qualification

34. List all public radio, TV stations or ITFS facilities which provide a similar type signal to the proposed service area (1MV for FM, Grade B for TV).

City	Call Letters
<u>San Francisco, CA</u>	<u>KALW</u>
City	Call Letters
<u>San Francisco, CA</u>	<u>KRCB</u>
City	Call Letters
<u>San Francisco, CA</u>	<u>KUSF</u>

35. Station Operations THIS YEAR NEXT YEAR IF PROJECT FUNDED

	Number	Hrs./Wk	Number	Hrs./Wk
Full-Time Staff	<u>27</u>	<u>37</u>	<u>27</u>	<u>37</u>
Part-Time Staff	<u>31</u>	<u>20</u>	<u>31</u>	<u>20</u>
Volunteers	<u>10</u>	<u>10</u>	<u>10</u>	<u>10</u>
Operating Budget	<u>4,500,000</u>		<u>4,500,000</u>	

Continuation of Question 23, "List all public radio, TV stations or ITFS facilities which provide a similar type signal to the proposed service area."

City	Call Letters
San Francisco, CA	KQED
Berkeley, CA	KPFA
Los Altos, CA	KFJC

APPLICATION FOR FEDERAL ASSISTANCE SF 424 (R&R)		2. DATE SUBMITTED	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
1. * TYPE OF SUBMISSION <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		4. Federal Identifier	
5. APPLICANT INFORMATION		* Organizational DUNS: 113645093	
* Legal Name: The Regents of the University of California		<div>RECEIVED</div> <div>APR 10 2007</div> <div>STATE CLEARING HOUSE</div>	
Department: Division:			
* Street1: 5200 North Lake Road Street2: University of California, Merced			
* City: Merced County: State: CA, California			
Province: Country: UNITED ST * ZIP / Postal Code: 95343			
Person to be contacted on matters involving this application			
Prefix: * First Name: Middle Name: * Last Name: Suffix:			
Thea Vicari			
* Phone Number: (209) 228-4318 Fax Number: Email: spo@ucmerced.edu			
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): 27-0093858		7. * TYPE OF APPLICANT: H: Public/State Controlled Institution of Higher Education	
8. * TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		Other (Specify): Small Business Organization Type <input checked="" type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged	
If Revision, mark appropriate box(es): <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify)		9. * NAME OF FEDERAL AGENCY: Chicago Service Center	
* Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies?		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 81.049 TITLE: Office of Science Financial Assistance Program	
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Subalpine and alpine species range shifts with climate change: temperature and soil moisture manipulations to test species and population responses			
12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) California			
13. PROPOSED PROJECT: * Start Date * Ending Date 08/01/2007 07/31/2011		14. CONGRESSIONAL DISTRICTS OF: a. * Applicant b. * Project 18th 18th	
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION			
Prefix: * First Name: Middle Name: * Last Name: Suffix:			
Prof. Lara M Kueppers			
Position/Title: Assistant Professor		* Organization Name: The Regents of the University of California	
Department: School of Natural Sciences		Division:	
* Street1: 5200 North Lake Road		Street2: University of California, Merced	
* City: Merced County:		* State: CA, California	
Province: Country: UNITED ST		* ZIP / Postal Code: 95343	
* Phone Number: (209) 228-4054		Fax Number: Email: lkueppers@ucmerced.edu	

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE**Page 2**

16. ESTIMATED PROJECT FUNDING a. * Total Estimated Project Funding 2,967,487.00 b. * Total Federal & Non-Federal Funds 2,967,487.00 c. * Estimated Program Income 0.00	17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 04/10/2007 b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
---	---

18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ * I agree

* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

19. Authorized Representative				
Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
	Samuel	J.	Traina	
* Position/Title:	Vice Chancellor for Research		* Organization: The Regents of the University of California	
Department:			Division:	
* Street1:	5200 North Lake Road		Street2: University of California, Merced	
* City:	Merced	County:	* State:	CA: Califon
Province:		* Country:	UNITED ST * ZIP / Postal Code: 95343	
* Phone Number:	(209) 228-4341	Fax Number:	* Email: spo@ucmerced.edu	
* Signature of Authorized Representative			* Date Signed	
Completed on submission to Grants.gov			Completed on submission to Grants.gov	

20. Pre-application	Add Attachment	Cancel Attachment	View All Attachments
----------------------------	--------------------------------	-----------------------------------	--------------------------------------

21. Attach an additional list of Project Congressional Districts if needed.		
Add Attachment	Cancel Attachment	View All Attachments

OMB Number: 4040-0001

Expiration Date: 04/30/2008

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED April 5, 2007		Applicant Identifier	
<input type="checkbox"/> Construction		<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	
<input checked="" type="checkbox"/> Non-Construction		<input checked="" type="checkbox"/> Non-Construction		State Application Identifier	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Legal Name: Central Coast Resource Conservation & Development Council, Inc.			Organizational Unit: Department:		
Organizational DUNS: 959661075			Division:		
Address: Street: 545 Main Street, Suite B-1			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Morro Bay			Prefix:		First Name: Jeff
County: San Luis Obispo			Middle Name		
State: CA			Last Name Rodriguez		
Zip Code 93442			Suffix:		
Country: USA			Email: jeff.rodriguez@ca.usda.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 47-0882249			Phone Number (give area code) (805) 772-5623		Fax Number (give area code) (805) 772 4398
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) Not For Profit Organization Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Rural Business Enterprise Grant			9. NAME OF FEDERAL AGENCY: USDA Rural Development		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Monterey, San Luis Obispo, and Santa Barbara Counties			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Developing a Marketing Cooperative Business for the Processing and Sale of Centrally Grown Produce and Meat Products		
13. PROPOSED PROJECT Start Date: 01/01/08			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 14,15,16,17,22,23,24		
Ending Date: 12/31/08			b. Project 17,22,23,		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	98,425.00	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$.00	DATE:		
c. State	\$.00	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$	75,250.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$	173,675.00	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Authorized Representative					
Prefix		First Name Chuck		Middle Name	
Last Name Pritchard				Suffix	
b. Title President				c. Telephone Number (give area code) (805)772-5623	
d. Signature of Authorized Representative <i>Chuck Pritchard</i>				e. Date Signed April 5, 2007	

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Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

**PART I - FACESHEET
APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS)	Applicant Identifier																					
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. a. DATE RECEIVED BY STATE	3 b. State Application Identifier																					
		4. a. DATE RECEIVED BY CNCS	4 b. CNCS Grant Number																					
5. APPLICANT INFORMATION																								
5 a. Legal Name:		5.b. Organizational DUNS:																						
5.c Address: (give street address, city, county, state and zip code) <div style="border: 2px solid black; padding: 10px; transform: rotate(-2deg); display: inline-block;"> RECEIVED APR 11 2007 STATE CLEARING HOUSE </div>		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area code) NAME: TELEPHONE NUMBER: () - FAX NUMBER: () - INTERNET E-MAIL ADDRESS: WEBSITE:																						
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div>		7. a TYPE OF APPLICANT: (Enter appropriate letter in box:) <input type="checkbox"/> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District Other (specify) </div> <div style="width: 45%;"> I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) O. Not for Profit Organization </div> </div>																						
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> <input type="checkbox"/> </div> A. Augmentation: <input type="checkbox"/> B: Budget Revision <input type="checkbox"/> C. No Cost Extension <input type="checkbox"/> to _____ (enter date) E Other (specify below); <input type="checkbox"/> _____		7 b. CNCS APPLICANT CHARACTERISTICS Enter appropriate code in each blank: _____, _____, _____, _____, _____																						
10 CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94 – 013 TITLE (Name of Program): AmeriCorps*VISTA 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc):		9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service 11. a. TITLE OF APPLICANT'S PROJECT:																						
13. PROPOSED PROJECT START DATE: MM/DD/YYYY END DATE: MM/DD/YYYY 14: ESTIMATED FUNDING <table style="width:100%; border-collapse: collapse;"> <tr><td style="width: 15%;">a. Federal</td><td style="width: 10%;">\$</td><td style="width: 75%;"></td></tr> <tr><td>b. Applicant</td><td>\$</td><td></td></tr> <tr><td>c. State</td><td>\$</td><td>N/A</td></tr> <tr><td>d. Local</td><td>\$</td><td>N/A</td></tr> <tr><td>e. Other</td><td>\$</td><td>N/A</td></tr> <tr><td>f. Program Income</td><td>\$</td><td>N/A</td></tr> <tr><td>g. Total</td><td>\$</td><td></td></tr> </table>		a. Federal	\$		b. Applicant	\$		c. State	\$	N/A	d. Local	\$	N/A	e. Other	\$	N/A	f. Program Income	\$	N/A	g. Total	\$		11 b. CNCS PROGRAM INITIATIVE (IF ANY): 15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: _____ B. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NET BEEN SELECTED BY STATE FOR REVIEW 16. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No	
a. Federal	\$																							
b. Applicant	\$																							
c. State	\$	N/A																						
d. Local	\$	N/A																						
e. Other	\$	N/A																						
f. Program Income	\$	N/A																						
g. Total	\$																							
17. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																								
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:		b. TITLE:	c. TELEPHONE NUMBER:																					
d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:		DATE SIGNED:																						

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier	
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
	<input type="checkbox"/> Non-Construction		68-0386518	
5. APPLICANT INFORMATION				
Legal Name: The CSU, Chico Research Foundation		Organizational Unit: Department:		
Organizational DUNS: 612177162		Division:		
Address: Street: CSU, Chico, Building 25		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Chico		Prefix:	First Name: Carol	
County: Butte		Middle Name		
State: CA		Last Name: Sager		
Zip Code: 95929-0870		Suffix:		
Country: USA		Email: casager@csuchico.edu		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0386518		Phone Number (give area code) 530-898-5700		Fax Number (give area code) 530-898-6804
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) <input type="checkbox"/> Nonprofit 501 (c)3 Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-769		9. NAME OF FEDERAL AGENCY: Economic Development Agency (EDA)		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Northern California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: RBEG - Job Creation and Retention through Talent Development		
13. PROPOSED PROJECT Start Date: 07/01/07 Ending Date: 06/30/08		14. CONGRESSIONAL DISTRICTS OF: a. Applicant Second b. Project Second		
15. ESTIMATED FUNDING: a. Federal \$ 100,000.00 b. Applicant \$ 0.00 c. State \$.00 d. Local \$.00 e. Other \$.00 f. Program Income \$.00 g. TOTAL \$ 100,000.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 04/11/07 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
a. Authorized Representative				
Prefix		First Name Carol		Middle Name
Last Name Sager		Suffix		
b. Title Director, Office of Sponsored Programs		c. Telephone Number (give area code) 530-898-5700		
d. Signature of Authorized Representative		e. Date Signed 4/11/07		

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Prescribed by OMB Circular A-102



SF 424

The SF 424 is part of the CPMP Annual Action Plan. SF 424 is a clearing house for all fields are included in this document. Grantee information is linked from the 1CPMP.xls document of the CPMP tool.

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SF 424

Complete the fillable fields (blue cells) in the table below. The other items are pre-filled with values from the Grantee Information Worksheet.

May 15, 2007	B-07-06-0610	Type of Submission	
Date Received by state	State Identifier	Application	Pre-application
Date Received by HUD	Federal Identifier	<input type="checkbox"/> Construction	<input type="checkbox"/> Construction
		<input checked="" type="checkbox"/> Non Construction	<input type="checkbox"/> Non Construction
Applicant Information			
City of Bakersfield		CA60228 BAKERSFIELD	
1600 Truxtun Avenue, Suite 300		02-8514136	
0		Organizational Unit	
Bakersfield	California	Economic & Community Development	
93301	Country U.S.A.	Community Development	
Employer Identification Number (EIN):		Kern	
95-6000672		7/1	
Applicant Type:		Specify Other Type if necessary:	
Local Government: City		Specify Other Type	
Program Funding		U.S. Department of Housing and Urban Development	
Catalogue of Federal Domestic Assistance Numbers; Descriptive Title of Applicant Project(s); Areas Affected by Project(s) (cities, Counties, localities etc.); Estimated Funding			
Community Development Block Grant		14.218 Entitlement Grant	
CDBG Project Titles This program is designed to address local housing needs, upgrade the physical environment and provide for a viable urban community.		Description of Areas Affected by CDBG Project(s) City of Bakersfield	
\$CDBG Grant Amount	\$Additional HUD Grant(s) Leveraged	Describe	
\$3,403,927	\$0	N/A	
\$Additional Federal Funds Leveraged	\$Additional State Funds Leveraged		
\$0	\$0		
\$Locally Leveraged Funds	\$Grantee Funds Leveraged		
\$0	\$0		
\$Anticipated Program Income	Other (Describe)		
\$250,000	N/A		
Total Funds Leveraged for CDBG-based Project(s)			
\$3,653,927			
Home Investment Partnerships Program		14.239 HOME	
HOME Project Titles This program is designed to address local housing needs.		Description of Areas Affected by HOME Project(s) City of Bakersfield	
\$HOME Grant Amount	\$Additional HUD Grant(s) Leveraged	Describe	
\$1,594,324	\$0	N/A	
\$Additional Federal Funds Leveraged	\$Additional State Funds Leveraged		
\$0	\$0		

\$Locally Leveraged Funds \$0		\$Grantee Funds Leveraged \$0	
\$Anticipated Program Income \$200,000		Other (Describe) N/A	
Total Funds Leveraged for HOME-based Project(s) \$1,794,324			
Housing Opportunities for People with AIDS		14.241 HOPWA	
HOPWA Project Titles N/A		Description of Areas Affected by HOPWA Project(s) N/A	
\$HOPWA Grant Amount N/A	\$Additional HUD Grant(s) Leveraged N/A	Describe N/A	
\$Additional Federal Funds Leveraged N/A		\$Additional State Funds Leveraged N/A	
\$Locally Leveraged Funds N/A		\$Grantee Funds Leveraged N/A	
\$Anticipated Program Income N/A		Other (Describe) N/A	
Total Funds Leveraged for HOPWA-based Project(s) N/A			
Emergency Shelter Grants Program		14.231 ESG	
ESG Project Titles Provides funds to improve the quality of existing emergency shelters for the homeless, helps meet the costs of operating emergency shelters, providing certain essential services, and prevention programs.		Description of Areas Affected by ESG Project(s) City of Bakersfield	
\$ESG Grant Amount \$146,267	\$Additional HUD Grant(s) Leveraged \$0	Describe N/A	
\$Additional Federal Funds Leveraged \$0		\$Additional State Funds Leveraged \$0	
\$Locally Leveraged Funds \$0		\$Grantee Funds Leveraged \$0	
\$Anticipated Program Income \$0		Other (Describe) N/A	
Total Funds Leveraged for ESG-based Project(s) N/A			
Congressional Districts of:		Is application subject to review by state Executive Order 12372 Process?	
Applicant Districts 20 th and 21 st	Project Districts 20 th and 21 st		
Is the applicant delinquent on any federal debt? If "Yes" please include an additional document explaining the situation.		<input checked="" type="checkbox"/> Yes	This application was made available to the state EO 12372 process for review on 4/9/07 Program is not covered by EO 12372 Program has not been selected by the state for review
		<input type="checkbox"/> No	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	

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Person to be contacted regarding this application		
Donna	L.	Kunz
Economic Development Director	(661) 326-3765	(661) 328-1548
dkunz@bakersfieldcity.us	www.bakersfieldcity.us	Other Contact
Signature of Authorized Representative		Date Signed

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

*2. Type of Application

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s)

*Other (Specify) _____

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3. Date Received:

4. Applicant Identifier:

APR 13 2007

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

S-07-MC-06-0523

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: City of Los Angeles

*b. Employer/Taxpayer Identification Number (EIN/TIN):

95-6000735

*c. Organizational DUNS:

808255160

d. Address:

*Street 1: 1200 W. 7th Street, 9th Floor

Street 2: _____

*City: Los Angeles

County: Los Angeles

*State: California

Province: _____

*Country: United States of America

*Zip / Postal Code 90017

e. Organizational Unit:

Department Name:

Los Angeles Housing Department

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Mr.

*First Name: Shahry

Approved as to Form and Legality

Middle Name: _____

*Last Name: Deyhimy

Suffix: _____

March 22, 2007
Rockard J. Delgadillo, City Attorney

By: Terisa Lujan

Title:

Organizational Affiliation:

*Telephone Number: 213-808-8931

Fax Number: 213-808-8611

*Email: sdeyhimy@lahd.lacity.org

Application for Federal Assistance SF-424

Version 02

***9. Type of Applicant 1: Select Applicant Type:**

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify):

***10 Name of Federal Agency:**

U.S. Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.231

CFDA Title:

Emergency Shelter Grants Program (ESGP)

***12 Funding Opportunity Number:**

N/A

*Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

City of Los Angeles

***15. Descriptive Title of Applicant's Project:**

The Emergency Shelter Grant Program (ESGP) provides comprehensive housing, counseling, referral and supportive services, including emergency and transitional housing to the homeless and those individuals and families at risk of becoming homeless.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: 24-27, 28-33, 34-37, 38, 46
37, 38, 46

*b. Program/Project: 24-27, 28-33, 34-

17. Proposed Project:

*a. Start Date: 04/01/2007

*b. End Date: 03/31/2008

18. Estimated Funding (\$):

*a. Federal	3,184,418
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	3,184,418

*19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 03/21/2007
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E. O. 12372

*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix: Ms.

Middle Name: _____

*Last Name: Marquez

Suffix: _____

*First Name: Mercedes

Approved as to Form and Legality

March 22, 2007
Rockard J. Delgadillo, City Attorney

By Julesa Lujan

*Title: General Manager

*Telephone Number: 213-808-8808

Fax Number: 213-808-8616

* Email: mmarquez@lahd.lacity.org

*Signature of Authorized Representative

*Date Signed: 03/22/07

Application for Federal Assistance SF-424

Version 02

***Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

Not applicable

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

*2. Type of Application

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

B-07-MC-06-0523

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: City of Los Angeles

*b. Employer/Taxpayer Identification Number (EIN/TIN):
95-6000735

*c. Organizational DUNS:
195388855

d. Address:

*Street 1: 1200 W. 7th Street
Street 2: 4th Floor
*City: Los Angeles
County: Los Angeles
*State: California
Province: _____
*Country: United States of America
*Zip / Postal Code 90017

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APR 13 2007

STATE CLEARING HOUSE

e. Organizational Unit:

Department Name:
Community Development Department

Division Name:
Administrative Services Division

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Ms. *First Name: Laura
Middle Name: A.
*Last Name: Ito
Suffix: _____

Title: Director, Administrative Services Division

Organizational Affiliation:
Municipal Government

*Telephone Number: 213-744-7378

Fax Number: 213-744-9038

*Email: laura.ito@lacity.org

Application for Federal Assistance SF-424

Version 02

***9. Type of Applicant 1: Select Applicant Type:**

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

U.S. Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.218

CFDA Title:

Community Development Block Grant Program (CDBG)

***12 Funding Opportunity Number:**

N/A

*Title:

N/A

13. Competition Identification Number:

N/A

Title:

N/A

14. Areas Affected by Project (Cities, Counties, States, etc.):

City of Los Angeles, California

***15. Descriptive Title of Applicant's Project:**

The CDBG program provides funds for housing, community development, public and neighborhood facility improvements, and economic development programs in areas of the City that are primarily low- and moderate-income, to eliminate slums and blight, or to meet needs of a particular urgency.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: 24-27, 28-33, 34-37, 38, 46
37, 38, 46

*b. Program/Project: 24-27, 28-33, 34-

17. Proposed Project:

*a. Start Date: 04/01/2007

*b. End Date: 03/31/2008

18. Estimated Funding (\$):

*a. Federal	74,142,574
*b. Applicant	
*c. State	
*d. Local	
*e. Other	502,231
*f. Program Income	38,911,927
*g. TOTAL	113,556,732

*19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 03/23/2007
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E. O. 12372

*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix: Mr.
Middle Name: L.
*Last Name: Benbow
Suffix: _____

*First Name: Richard

Approved as to Form and Legality

March 22, 2007
Rockard J. Delgadillo, City Attorney
By Luisa Lujan

*Title: General Manager

*Telephone Number: 213-744-7300

Fax Number: 213-744-9060

* Email: richard.benbow@lacity.org

*Signature of Authorized Representative:

Richard Benbow

*Date Signed: 03/21/2007

Application for Federal Assistance SF-424

Version 02

***Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

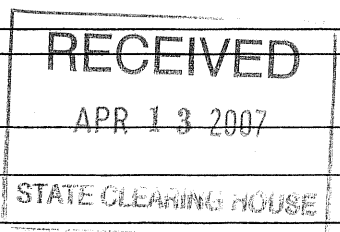
Not applicable

APPLICATION FOR FEDERAL ASSISTANCE

RCH #304 Approved 3-29-07
Applicant Identifier
Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 2/12/2007	Applicant Identifier
<input checked="" type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction			

5. APPLICANT INFORMATION	
Legal Name: Caruthers Community Services District	Organizational Unit: Department:
Organizational DUNS:	Division:
Address: Street: P.O. Box 218 City: Caruthers County: Fresno State: CA Country:	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Michael Middle Name Last Name: Taylor Suffix: Email: mtaylor@ppeng.com
Zip Code: 93609	



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1569881	Phone Number (give area code): (559) 449-2700	Fax Number (give area code): (559) 449-2715
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) G. Other (specify)	

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 10-760	9. NAME OF FEDERAL AGENCY: USDA RURAL UTILITY SERVICE
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Caruthers, Fresno	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Wastewater Treatment Expansion Project

13. PROPOSED PROJECT Start Date: June 2007 Ending Date: June 2009	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 20 b. Project 20
15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 2,180,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
b. Applicant \$.00	DATE:
c. State \$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
d. Local \$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
e. Other \$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
f. Program Income \$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No
g. TOTAL \$ 2,180,000.00	

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
Authorized Representative		
Prefix	First Name: David	Middle Name
Last Name		Suffix
b. Title: District Manager		c. Telephone Number (give area code): (559) 864-8189
d. Signature of Authorized Representative: David L. McIntyre		e. Date Signed: 2/12/2007

APPLICATION FOR
FEDERAL ASSISTANCE

2. DATE SUBMITTED

February 26, 2007

Applicant Identifier

3-06-0087-FYI FFY2007

1. TYPE OF SUBMISSION:

Application

☒ Construction☐ Non-Construction

Preapplication

☒ Construction☐ Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name:

City of Fresno

Organizational Unit: Department of Airports

Department: Airports

Organizational DUNS: 17-678-5079

Division: Projects and Engineering

Address:

Street: 4995 East Clinton Way

Name and telephone number of person to be contacted on matters involving this application (give area code)

Prefix: Mr.

First Name: Kevin

City: Fresno

Middle Name:

County: Fresno

Last Name: Meikle

State: CA

Zip Code: 93727

Suffix:

Country: USA

Email: Kevin.Meikle@fresno.gov

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 4 - 6 0 0 0 3 3 8

Phone number (give area code):

559-621-4536

FAX number (give area code):

559-498-5549

8. TYPE OF APPLICATION:

☒ New☐ Continuation☐ RevisionIf Revision, enter appropriate letter(s) in box(es):
(See back of form for description of letters)

Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)

☒ MUNICIPAL

Other (specify)

9. NAME OF FEDERAL AGENCY

Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER

2 0 - 1 0 6

TITLE: AIRPORT IMPROVEMENT
PROGRAM (AIP)

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Fresno Yosemite International Airport (FAT)
Part 150 Noise Compatibility Program Acoustically
Treating Residences in the 65-75 CNEL Contours of the
NEM.

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

Fresno County

13. PROPOSED PROJECT

Start Date

6/2007

Ending Date

6/2010

14. CONGRESSIONAL DISTRICTS OF

a. Applicant

18TH

b. Project

18TH

15. ESTIMATED FUNDING

a. Federal	\$	2,000,000	.00
b. Applicant	\$	105,263	.00
c. State	\$.00
d. Local	\$.00
e. Other	\$.00
f. Program income	\$.00
g. TOTAL	\$	2,105,263	.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS

a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE
AVAILABLE TO THE STATE EXECUTIVE ORDER 12372
PROCESS FOR REVIEW ON

DATE: TBD

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR
REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED

a. Authorized Representative

Prefix Mr

First Name Russell

Middle Name C.

Last Name Widmar

Suffix AAE

b. Title Director of Aviation

c. Telephone number (give area code)

559-621-4600

d. Signature of Authorized Representative

e. Date Signed

Feb. 26, 2007

RECEIVED

APR 13 2007

STATE CLEARING HOUSE

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: CALIFORNIA CITRUS MUTUAL	Organizational Unit: Department:
Organizational DUNS: 097071211	Division:
Address: Street: 512 N. KAWEAH AVE	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: MS. First Name: SHIRLEY
City: EXETER	Middle Name A.
County: TULARE	Last Name BATCHMAN
State: CA Zip Code 93221	Suffix:
Country: USA	Email: shirleyb@cacitrusmutual.com
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-3139901	Phone Number (give area code) 559-592-3790 Fax Number (give area code) 559-592-3798
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)	7. TYPE OF APPLICANT: (See back of form for Application Types) NOT FOR PROFIT ORGANIZATION Other (specify)
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-769 RURAL BUSINESS ENTERPRISE GRANT	9. NAME OF FEDERAL AGENCY: USDA RURAL DEVELOPMENT
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): FRESNO, TULARE, AND KERN COUNTIES	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: CENTRAL CALIFORNIA WEATHER WATCH (see attached)
13. PROPOSED PROJECT Start Date: 7/1/2007 Ending Date: 10/15/2007	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 21st b. Project 21st-22nd
15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 98,100.	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: April 16, 2007
b. Applicant \$ 3,740. (In Kind)	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 0.	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ 0.	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$ 0.	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$ 0.	
g. TOTAL \$ 98,100.	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Authorized Representative	
Prefix MR.	First Name JOEL Middle Name A.
Last Name NELSEN	Suffix
b. Title PRESIDENT/CEO	c. Telephone Number (give area code) 559-592-3790
d. Signature of Authorized Representative <i>Joel B. Nelsen</i>	e. Date Signed April 13, 2007

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